



DEPARTMENT OF THE ARMY
RETIREMENT SERVICES BRANCH, MPD
2234 HUBER ROAD
FORT GEORGE G. MEADE, MARYLAND 20755-5076
3 January 2006

REPLY TO
ATTENTION OF:

INME-MEA-HRM-X

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Memorandum of Instruction on Processing Requests for Retirement

1. References:

- a. AR 600-8-24 Officer Transfers and Discharges, Chapter 6.
- b. AR 635-200 Enlisted Ranks Personnel Update, Chapter 12.
- c. MILPER Message No. 93-263, dated 20 August 1993.
Subject: Delegation of Authority for Voluntary Retirements.
- d. MILPER Message No. 04-189, dated 29 June 2004.
Subject: Withdrawal of Retirement Approval Authority.

2. Purpose: To provide units guidance on how to properly process requests for retirement.

3. Summary: The following establishes guidance, general rules, Procedures and tasks under this Army initiative.

4. Retirement Categories

- a. Local Approval: Applies to non-waiver voluntary retirements for all enlisted soldiers SSG (E6) and below.
- b. Department of the Army: Applies to the following which requires DA approval.
 - (1) General Officers
 - (2) RA Officers and Warrant Officers
 - (3) All enlisted E6 and above except those with 30 years active Federal service.
 - (4) Early Retirements
 - (5) Mandatory Retirements
 - (6) Officers of the Judge Advocate General's Corps and Chaplain (must be approved by the Office of the Judge Advocate General or the Office of the Chief of Chaplains).
 - (5) Officers managed by Special Management Branch
 - (6) Retirements requiring waivers (see Encl 1).
 - (7) Soldiers pending involuntary separation locally or HQDA directed.

- (8) RA commissioned officers with at least 30 years but less than 40 years of active service.

c. General Information:

- (1) Officers may submit their retirement request (Encl 1) up to a maximum of 12 months and a minimum of 9 months prior to requested PTDY/Transition leave or retirement date.
- (2) Enlisted soldiers may submit their retirement request up to a maximum of 12 months and a minimum of 9 months prior to the requested retirement date.
- (3) All voluntary (non-waiver) retirements require the approval from the General Courts Marshal Convening Authority (GCNCA), or their designated official.
- (4) The Secretary of the Army or designee may delay an officer's approved retirement if an officer is being court-marshaled or undergoing physical disability processing.
- (5) Human Resources Command may defer an approved retirement if a soldier is assigned to a critical position until a replacement is available.
- (6) A Medical examination prior to retirement is required. It will be completed not later than 4 months or earlier than 1 month prior to transition leave or retirement date. If a medical examination has been completed prior to fourth month but within a year of requested retirement date then the soldier needs to obtain a DD form from the doctor updating the physical.
- (7) All soldiers will be provided with a copy of the retirement checklist (Encl 3) by unit at the time request is submitted.
- (8) PACs must inform soldier that their authorized transition center is the one closest to their duty station (for New England/New York area it would be Fort Monmouth). A location of choice transition activity may be requested but soldiers will have to pay their own way.
- (9) All requests must be accompanied by DA Form 31 for PTDY and transition leave.

c. Processing Voluntary Retirement Applications.

(1) Officers:

- (a) Retirement applications will be submitted by memorandum (Encl 1) and processed through the chain of command prior to forwarding to the Retirement Services Branch.
- (b) Commanders and intermediate commanders will review

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application to ensure regulatory compliance and forward. Each level of command must submit an endorsement with the memorandum either recommending approval or disapproval (**no line thru will be accepted**).

© Commanders will ensure action has been taken to adjust and close any public property or financial accounts of the applicant prior to approval of retirement.

(d) If the commander recommends disapproval then justification must accompany the endorsement.

(2) Enlisted:

(a) Retirement application will be initiated using a DA Form 4187 (Encl 2) and processed through the chain of command to the Retirement Services Branch.

(b) Necessary action will be taken to close financial obligations to the government.

© Commanders and intermediate commanders will review application to ensure regulatory compliance and forward with recommendation (**No line-thru, complete endorsements only**).

(d) **Recruiters must include complete duty station address.**

(e) All unit addresses must include street address and a complete 10 digit zip code.

d. Withdrawal of or a change in approved retirement date.

(1) Only approved by HQ, HRC.

(2) Request will be forwarded through the chain of command with justification to Retirement Services Branch. Retirement Services Branch will forward request to HQ, HRC for consideration.

4. Responsibilities.

a. Battalion PAC/separate units: Prepare application and endorsements for the appropriate commander's signature.

b. Battalion/Brigade commander:

(1) Review application to ensure regulatory compliance and forward with recommendation (**No line-thru**).

(2) Ensure action has been taken to adjust and close any public property or financial accounts of the applicants prior to approval recommendation of retirement.

c. Retirement Services Branch:

(1) Review eligibility.

(2) Review service time.

(3) Review all files for service computation.

(4) Forward officers requested date to HQ, HRC for control number.

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- (5) Prepare officer service computation and prepare approval letter.
- (6) Have enlisted member sign DA Form 2339, endorse and forward action to HQ, HRC for approval/disapproval.
- (7) Prepare retirement and transition orders.
- (8) Give one copy of retirement orders to Installation Career Counselor so they can do DLOS transactions.
- (9) Forward approved retirement packet to commander (provide soldier with a copy of orders, information sheet and approval letter), file a copy of application in files
- (10) Original is kept until retirement date when it is forwarded to In/Out Processing finance.
- (11) Originals for soldiers retiring at another installation will be forwarded to that installations transition center along with DA Form 201 file approximately 2 months prior to transition leave.

5. This memorandum replaced MOI dated 13 Feb 97.

6. Point of contact is Mr. Stephen Ashley, Retirement Services Officer, Comm (301) 677-9603 or DSN 622-9603.

FOR THE COMMANDER:

4 Encl
as

BERNARD M. CULLEN
Director, Human Resources

DISTRIBUTION

(1) Ea unit/agency

Office Symbol

THRU (Appropriate channels)

MEMORANDUM FOR Chief, Retirement Services Branch, MPD, 2234 Huber Road, Fort
George G. Meade, Maryland 20755-5076

SUBJECT: Voluntary Retirement

1. Under the provisions of law cited in AR 600-8-24, paragraph 6-1, I request that I be released from active duty and assignment on **(requested retirement date)** and placed on the retired list on **(following date)** or as soon thereafter as practicable. I will have completed over (?) years of active Federal service on the requested retirement date.

2. Assignment status: **(unit, address)**.

3. Authorized place of retirement: **(closest transition point)**.

4. Location of choice transition activity: NA **(Only applicable when requesting outprocessing at another transition point other than authorized)**.

5. I have been counseled as specified by AR 635-10, paragraph 2-19,. I fully understand the provisions of AR 635-10, chapter 2, section V, concerning entitlement to per diem, travel and transportation allowances based on retirement at a location of choice transition activity.

6. I have read AR 600-8-24, paragraph 6-6 and 6-7. I am responsible for insuring that a physical examination is completed not earlier than 4 months nor later than one month prior to my approved retirement date (subject physical to be arranged through coordination with my unit of assignment) or start date of transition leave, whichever is earlier. I am aware that the purpose of this examination is to insure that my medical records reflect as accurately as possible my state of health on retirement and to protect my interests and those of the Government. I also understand that my retirement will take effect of the requested date and that I will not be held on active duty to complete this examination.

7. In accordance with 10 USC, I understand that:

a. Enrollment in the Survivor Benefit Plan (SBP) is the only way that I may continue a portion of my retirement pay to my family at my death.

Encl 1-1

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7b. I must receive SBP counseling for myself and my spouse no less than 60 days before my retirement.

c I will be enrolled in full SBP coverage if I fail to elect otherwise in writing before my retirement.

d . I cannot elect less than full spouse SBP without my spouse's written agreement. My spouse will receive a spousal concurrence for this purpose. I realize there are other forms that must be completed during SBP counseling.

e. Failure to return the completed spousal concurrence statement to the proper officials prior to my retirement packet being set to the Defense Finance and Accounting Center will result in my being irrevocably and irreversibly enrolled in SBP at full cost.

8. Address upon retirement: **(self-explanatory)**.

9. I am familiar with AR 600-8-24, paragraph 6-22 and understand that if this application for retirement is accepted by the Secretary of the Army it may not be withdrawn except for extreme compassionate reasons or for the definitely established convenience of the Government.

10. I have (?) days accrued leave. I plan to take (?) days transition leave. I plan to take 20 days PTDY from (?) to (?). (If appropriate)

11. This application is not submitted in lieu of complying with PCS instructions.

12. I have read and understand the provisions of AR 600-8-24, table 6-2 or 6-2, pertaining to determination of my retired grade. Considering those provisions, and after a review of my records, I believe that I am entitled to retire in the grade of **(state grade)**. I understand that final determination of my retired grade will be made by HQDA, and that I will be informed if I am not entitled to retire in the grade I have specified in this paragraph. **(This paragraph is only for LTC and above).**

13. I understand that if I participated in certain advanced education programs. I may be required to reimburse the United States government as stated in written agreement made by me with the United States government under law and regulations.

14. My current duty telephone numbers are as follows:
Commercial: **(000) 000-0000** DSN: **000-0000**

15. A fax machine is available at the following:
Commercial **(000) 000-0000** DSN **000-0000**

Encl 1-2

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SUBJECT: Voluntary Retirement

16. I (have/have not) accepted the CSB Redux bonus. **(For those who's Diems date is 1 Aug 86 or later.)**

16. **(If there is a service obligation, then a final paragraph must be added requesting an exception to policy and including a reason why. The subject of the letter would be changed to Voluntary Retirement as an Exception to Policy).**

NAME
GRADE, BRANCH
SSN

Encl 1-3

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

AUTHORITY:	Title 5, Section 3012; Title 10, USC, E.O 9397.
PRINCIPAL PURPOSE:	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES:	To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURES:	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Chain of Command	2. TO (Include ZIP Code) Retirement Services Branch, MPD ATTN: INME-MEA-HRM-X 2234 Huber Road Ft George G. Meade, MD 20755-5076	3. FROM (Include ZIP Code) SFC John Doe Co C, ____Bn XYZ Street Ft George G. Meade, MD 20755-0000
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4. NAME (Last, First, MI) DOE, JOHN E.	5. GRADE OR RANK/PMOS/AOC SFC 98H40	6. SOCIAL SECURITY NUMBER 000-00-0000
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7. The above soldier's duty status is changed from _____ to _____ effective _____ hours.

8. I request the following actions: <i>(Check as appropriate)</i>			
Service School <i>(Enl only)</i>		Special Forces Training/Assignment	Identification Card
ROTC or Reserve Component Duty		On-The-Job Training <i>(Enl only)</i>	Identification Tags
Volunteering for Overseas Service		Retesting in Army Personnel Tests	Separate Rations
Ranger Training		Reassignment Married Army Couples	Leave - Excess/Advance/Outside CONUS
Reassignment Extreme Family Problems		Reclassification	Change of Name/SSN/DOB
Exchange Reassignment <i>(Enl only)</i>		Officer Candidate School	X Other <i>(Specify</i>
Airborne Training		Asgmt of Pers with Exceptional Family Members	Voluntary Retirement (ETP)
9. SIGNATURE OF SOLDIER <i>(When required)</i>			10. DATE

1. Requested Retirement Date:
2. #Day of Transition Leave (See attached DA Form 31)
3. # Days PTDY (See attached DA Form 31)
4. Duty Station Address:
5. Retirement Address:
6. Duty Phone#:
7. I (have / have not) met all service obligations and I (do / do not) request a waiver) (See attached justification).
8. I (am / am not) flagged per AR 600-8-2.
9. I (am / am not) currently on the DA promotion selection list. Sequence#:
10. I (have / have not) been alerted for assignment instructions. Date notified:
11. Spouses Name:
12. Current address:
13. I (have / have not) accepted a CSB/Redux bonus. (for those with DIEMS 1 Aug 86 or later)
14. Authorized Transition Center:
15. Requested Transition Center:* * If requested transition center is different then authorized center, it is considered a location of choice and therefore all travel and other expenses will be borne by the Soldier and not the US Army.
- 16.

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
 ___HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ___ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE
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